The Commonwealth of		oou Estai	blishmen	t Insi	pec	ינוטוו רס	rın		Page/	of2_	-	
	f Massachusetts	# Violations						Da	ate 10.4/2	91	14	
City of Newburyport Boa 50 Pleasant Street, New		Priority-	Priority fo	oundatio	n-	Core-		Tir	me In // 25		(	
978) 465-4410 www.C		Score (option	onal)			,		Tir	me Out 17 45			
stablishment Name	han ch		Risk Car	tegory		Type of Or	peration(s)		Type of Inspection	n		
edolikhing his doresy Li	WHIM 3					Food Se	rvice		Routine			
are si	5.h S/					Retail			☐ Reinspection			
elephone		HACCP Y				☐ Resident	tial Kitchen		Previous Inspection Date:			
Owner TOWN		Permit #:		Temporary				- 117	☐Pre-Operation			
1 01 (010)	120112V	Food Safety Try	ing / Exp Dyne -	217)	Caterer			- 0	☐Suspect Illness			
	CFR LIVY	000	200			Bed & B		- 0	☐General Comple	aint		
nspector	•					☐Farmer's	Market		HACCP			
	OODBORNE ILI	NECE DICK	CEACTORS	Z A NID	DI		ALTH INT	EDV	Other:	S atom	-	
	diance status (IN, OUT, N/O			MIND	FU				x for COS and/or R	-		
IN = in compliance OUT =	not in compliance N/O = n	ot observed N/A = 1	not applicable	-		COS = co	rected on-site d	luring ins	pection R = repeat violation		_	
Compliance Status			COS R			nce Status	Proper diepos	ulion of re	elurned, previously	cos	R	
	Supervision			17	IN	OUT	served, recon					
	IC present, demonstrates kr erforms duties	owledge, and				Time	e / Tempera	ture C	ontrol for Safety	17		
	ertified Food Protection Mar	nager		18	(IN)	OUT N/A N/O	Proper cookin	ig time &	lemperatures			
61-401	Employee Healt			19	(N)	OUT N/A N/O	Proper reheat	ing proce	dures for hot holding			
	fanagement, food employee mployee; knowledge, respor			20	(M)	OUT N/A N/O	Proper cooling	g lime and	d temperature			
re	eporting				~					-	_	
0	roper use of restriction and e rocedures for responding to			21	$\sim$	OUT N/A N/O	Proper hot ho				-	
3 MOOI d	iarrheal events			22	1	DUT N/A N/O	Proper cold h					
The second secon	Good Hygienic Prac			23	10	OUT N/A N/O	Proper date m					
	roper ealing, tasting, drinkin			24		OUT N/A N/O	Time as a Put	olic Healt	h Control	1		
	lo discharge from eyes, nose	S. Indiana				OUT N/A	Consumer ad	visory pro	ovided for raw /	1 1	-	
	nting Contamination			25			undercooked	food				
	ands clean & properly wash								Populations (HSP)	D. E.	_	
	o bare hand contact with RT			26	CIN	DUT N/A	offered		- promoner ross not			
	dequale handwashing sinks nd accessible	properly supplied		Food		olor Additiv	es and Tox	ic Sub	stances	100		
	Approved Sourc	e		27		OUT (N/A)	Food additive	s: approv	ed & properly used			
4 V	ood obtained from approved	source		28	(IN)	OUT N/A	Toxic sub. pro	perly ide	ntified, stored & used			
) COX								100	TAX AND TAX AN			
2 (IN DUT N/A N/O F	ood received at proper temp			Conf	orm	ance with A						
12 (IN OUT N/A N/O FO	ood received in good conditi nadulterated	on, safe, &			orm			ith varian	res ice / specialized process			
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	Violations	cited in th		st be corrected within the time fr			of the Food	Code	
Item	Code	P	P = Priorit	y (72 Hrs), PF = Priority Foundat		90 Days)			Date
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tabl	ishment Name	Chunt GAN		Ris	k Category		peration(s)	Type of Inspectio	<u>n</u>	
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	Circle designated of	Omnigance status (IN OLIT N/O	N/A) for each numb	ered item			Mark "X" in appropria	te box for COS and/or R		
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om	pliance Status	Cdelen		008	17	IN OUT	Proper disposition	of returned, previously	003	_
		Supervision PIC present, demonstrates kno	and and		17			ned & unsafe food		_
1	K OUT	performs duties						re Control for Safety		
2	OUT N/A	Certified Food Protection Mana			18	NOUT N/A N/O	-	ne & temperatures procedures for hot holding		-
_		Employee Health Management, food employee a			19		Proper reneating	procedures for not notating		+
3	1№ оит	employee; knowledge, respons			20	(IN) OUT N/A N/O	Proper cooling time	ne and temperature		
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_	0	Good Hygienic Pract	ices		23	OUT N/A N/O	Proper date mark	ing and disposition		
6	IN OUT N/O	Proper eating tasting, drinking	, or tobacco use		24	OUT N/A N/O		Health Control		
7	IN OUT N/O	No discharge from eyes, nose,				umer Advisor		ry provided for raw /	1	T
	Pre	venting Contamination	by Hands		25	IN OUT N/A	undercooked food			
8	OUT NO	Hands clean & properly washe						ble Populations (HSP) sused; prohibited foods not		T
9	(A) OUT N/A N/O	No bare hand contact with RTE			26	IN OUT N/A	offered			$\perp$
10	(N) OUT	Adequate handwashing sinks pand accessible	properly supplied		Food	/ Color Addit	ves and Toxic	Substances		
	^	Approved Source	•		27	IN OUT N/A		pproved & properly used		1
11	OUT	Food obtained from approved :			28	NOUT N/A		ly identified, stored & used	1	
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13	🕟 оит	unadulterated			29	IN DUT N/A	/ HACCP Plan			
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of Newbury 60 Pleasant	onwealth of I port Board of t Street, Newb 410 www.Cit	Health ouryport, M	IA 01950	Establishment Na りなたらw				Date:	10/18/19
7 -	- / - / - /		,	TEMPERATU			13" 5111		
Ite	m / Location		Temp (°F)	Item / Loc	ation	Temp (°F)	Item /	Location	Temp (°F)
	Violations	s cited in t		ERVATIONS AND				of the Food Co	de
			P = Priority	(72 Hrs), PF = Priority	Foundation (10	Days), C = Core	(90 Days)		
Item Number	Code Section	P, PF, C				n of Violation			Date Verified
Number	Section	PF, C	IND	110LAT			7186	AI	vermed
			Time	VIDLAT Z OF	my	IN	SP M.	CT !	
			-						
Discussion	with PIC:					Corrective Action	n Required	□No	□Yes
						☐ Voluntary Cor	npliance	☐ Employee	Restrict /Exclude
						Re-inspection			y Suspension
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						☐ Voluntary Dis	nosal	☐ Other	, 5100010
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Rev. 12/18/1	//	You	mela	May	Ing.			/0	0/18/19

## Commonwealth of Massachusetts - City of Newburyport Board of Health (978) 465-44100

## Massachusetts Department of Public Health Division of Food and Drugs

Food Protection Pro 305 South Street Jamaica Plain, MA 02130

FOOD ESTABLISHMENT INSPECTION REPORT CAF		Tel. (617) 983-6712	160°F 171°C				
Name / MM ACIATE CONSEPTION	Date 12/18/16	Type of Operation(s)  Food Service	Type of Inspection Routine				
Address 42 6 RIEK 4 5)	Risk Level	Retail Residential Kitchen	Re-inspection Previous Inspection				
Telephone	revei	☐ Mobile	Date:				
Owner	HACCP Y/N	ACCP Y/N Temporary Pre-operation Suspect Illnes					
Person-in-Charge (PIC) CATNY GROYBINS, CI	Time	☐ Bed & Breakfast ☐ General Comp					
Inspector Tre Mary TAbb	In: AM	Permit No.	☐ HACCP☐ Other				
Each violation checked requires an explanation on the narr		nd a citation of specific					
Violations Related to Foodborne Illness Interventions and		Non-co	mpliance with:				
Items)	RISK Factors_(I	Anti-Choking	590.009 (E)				
Violations marked may pose an imminent health hazard and recorrective action as determined by the Board of Health.	equire immediate	Tobacco Allergen Awa	590.009 (F)				
FOOD PROTECTION MANAGEMENT	12. Preve	ntion of Contamination from	Hands				
☐ 1 PIC Assigned/Knowledgeable/Duties	_	vash Facilities					
EMPLOYEE HEALTH	PROTECTION	FROM CHEMICALS					
2 Reporting of Diseases by Food Employee and PIC	14 Appro	ved Food or Color Additives					
3 Personnel with Infections Restricted/Excluded	☐ 15 Toxic	Chemicals					
FOOD FROM APPROVED SOURCE  4. Food and Water from Approved Source	TIME/TEMPER	ATURE CONTROLS (Potentia	illy Hazardous Foods)				
5 Receiving/Condition	🗌 16. Cookir	ng Temperatures					
6 Tags/Records/Accuracy of Ingredient Statements	☐ 17 Rehea	ting					
7 Conformance with Approved Procedures/HACCP Plans	☐ 18 Coolin	g					
PROTECTION FROM CONTAMINATION	19 Hot an	d Cold Holding					
8 Separation/Segregation/Protection	☐ 20. Time a	s a Public Health Control					
9. Food Contact Surfaces Cleaning and Sanitizing	REQUIREMEN	TS FOR HIGHLY-SUSCEPTIB	LE-POPULATIONS (HSP)				
☐ 10 Proper Adequate Handwashing	21. F000 a	and Food Preparation for HS					
☐ 11. Good Hygienic Practices	CONSUMER A 22 Posting	<b>DVISORY</b> g of Consumer Advisories					
Giolations Related to Good Retail Practices (Blue tems) Critical (C) violations marked must be corrected annediately or within 10 days as determined by the Board of Health. Non-critical (N) violations must be corrected annediately or within 90 days as determined by the Board of Health.  C N  23. Management and Personnel (FC-2)(590 003) 24. Food and Food Protection (FC-3)(590 004) 25. Equipment and Utensils (FC-4)(590.005) 26. Water, Plumbing and Waste (FC-5)(590 006) 27. Physical Facility (FC-6)(590 007) 28. Poisonous or Toxic Materials (FC-7)(590 008) 29. Special Requirements (590 009) 30. Other	To Foodbo and Risk F Official Ord today, the it 590.000/fed by a Board order of the cited in this the food est establishme have a right and submitt within 10 da	Violated Provisions Re rne Illnesses Interventicactors (Red Items 1-22) der for Correction: Base ems checked indicate violeral Food Code. This report Health member or its a Board of Health. Failure report may result in suspablishment permit and cent operations. If aggrieve to a hearing. Your requeed to the Board of Health sys of receipt of this order E-INSPECTION:	d on an inspection plations of 105 CMR port, when signed below agent constitutes an to correct violations ension or revocation of essation of food by this order, you at must be in writing at the above address				

	/	1 - 0		_			
Inspector's Signature	vielet	to fold	Print:	JOSP1.1	2/ Tal	els -	
PICs Signature:	the Egyl	fres ka-	Print:	Carthy	OR Zy	DINSK.	Page of Pages
Co	1	-	-	,	/		

Page: 2 Establishment Name: 17474 ACUTATE Cow CAPTION Date: 12/19/13

Date Verified		Ction / cension ure
DESCRIPTION OF VIOLATION / PLAN OF CORRECTION PLEASE PRINT CLEARLY	Me vie LATION Wother AT The Time of	Corrective Action Required:   Corr
C - Critical Item R - Red Item		Discussion With Person in Charge:
Code		Sion With
ltem No.		Discus

Fo	od Estat	lish	ment	Ins	ection Forr	n	Page _/	of		
The Commonwealth of Massachusetts	# Violations						Date	14	,	
City of Newburyport Board of Health 60 Pleasant Street, Newburyport, MA 01950	Priority-	Pr	iority fo	undatio	n- Core-		Time In 10 49	5	1	
(978) 465-4410 www CityofNewburyport com	Score (option	nal)					Time Out 44			
Establishment Name / M M AC, ULATE	COUSE	trir	Risk Cate	egory	Type of Ope		Type of Inspectio	n		
Establishment Address	00731	7 001 1	1	/	☐Food Serv ☐Retail	ice	☐Routine ☐Reinspection			
Telephone (2.14, 4, 7, 77(4))	HACCP Y (N)				Residentia	l Kitchen	Previous Inspection	n Date:		
918 163 - 1180	Permit # 10 A		20	-	Mobile					
OWNER ARCH DIOS BOSTON	IV	MAY		20	20 G Temporary					
Berson-In-Charge (PIC) RE 4BIWSKI	Food Safety Traini	ng / Exp.	Date		☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐					
Inspector					☐Farmer's M		HACCP			
					Other:		Other:			
FOODBORNE ILLI			TORS	AND			VENTIONS box for COS and/or R			
Circle designated compliance status (IN, OUT, N/O NIN = in compliance OUT = not in compliance N/O = not	observed N/A = r	ot applica		ļ	COS = corre		nspection R = repeat violation			
Compliance Status		cos	R	-	pliance Status	Proper disposition o	f returned, previously	cos	R	
Supervision				17	(b) out	served, reconditione	d & unsafe food			
1 PIC present, demonstrates known performs duties	vledge, and					/ Temperature	Control for Safety			
2 (IN OUT N/A Certified Food Protection Management	jer			18		Proper cooking time				
Employee Health Management, food employee ai	nd conditional			19	V	Proper reheating pro	ocedures for hot holding			
3 UN OUT employee; knowledge, responsi				20	OUT N/A N/O	Proper cooling time	and temperature			
4 NOUT Proper use of restriction and ex	clusion			21	WOUT N/A N/O	Proper hot holding to	emperature			
5 OUT Procedures for responding to vo	miting and			22	(A)	Proper cold holding	lemperature			
Good Hygienic Practi	ces			23		Proper date marking				
6 (IN OUT N/O Proper eating, tasting, drinking.				24		Time as a Public He	alth Control			
7 / NO OUT N/O No discharge from eyes, nose,					IN OUT WALL	Consumer advisory	provided for raw /			
Preventing Contamination	y Hands			25	IN OUT NAME	undercooked food				
8 NO OUT N/O Hands clean & properly washed							e Populations (HSP) sed; prohibited foods not			
Adaguata bandwashina sinke a	9 (N) OUT N/A N/O No bare hand contact with RTE food  Adequate handwashing sinks properly supplied					26 (15) OUT N/A offered				
10 OUT Adequate randwashing sinks pr				i / Color Additive:						
Approved Source  11 AN OUT Food obtained from approved s				27			oved & properly used dentified, stored & used			
11 NOUT Food obtained from approved st 12 NOUT N/A N/O Food received at proper temper				-	formance with Ap					
13 Food received in good condition				29	IN OUT (IA)	Compliance with var HACCP Plan	iance / specialized process			
14 IN OUT WANTED Required records available: she	listock tags,					HACCF Flan				
Protection from Contami	nation						or procedures identifie ome illness or injury. I			
15 OUT N/A N/O Food separated and protected	nation						orne illness of injury. T prevent foodborne illne			
16 OUT N/A Food-contact surfaces; cleaned										
				_	ACTICES					
Good Retail Practices are Mark "X" in box if numbered item is not in compliance	preventative meas Mark "X" in a					and physical objects corrected on-site du	s into foods. ring inspection R	= repeat vio	ation	
Compliance Status		cos	R	Com	pliance Status			cos	R	
Safe Food and Water	er			43	In-use utensils pr	Proper Use	of Utensils	1		
30 Pasteurized eggs used where required 31 Water & ice from approved source				44			stored, dried, & handled	1		
32 Variance obtained for specialized processing met	hods			45			openy stored & used	1		
Food Temperature Cor				46	Gloves used prop			/		
33 / Proper cooling methods used; adequate equipme temperature control	rit fOF						ent and Vending			
34 Plant food properly cooked for hot holding				47	Food & non-food constructed & use		anable, properly designed,	1		
35 V Approved thawing methods used				48			ntained, & used; test strips	1		
36 Thermometers provided & accurate				49	Non-food contact	Surfaces clean Physical F	acilities			
Food Identification  37   Food properly labeled; original container				50	Hot & cold water	available, adequate		V.		
/ Prevention of Food Contar	nination			51		d; proper backflow d		V		
38 //Insects, rodents, & animals not present	atornes and			52		water property dispo				
Contamination prevented during food preparation display	, storage and			53			supplied, & cleaned	V		
40 Personal cleanliness				54		the state of the state of	facilities maintained	1		
41 Wiping cloths properly used & stored 42 Washing fruits & vegetables				55 56		installed, maintaine ion & lighting, desig		Temp	- Rute. S	
	nti-choking (590	009(F1)	[]Tobs					Date:		
Official Order for Correction: Based on an inspection today.	57 SPECIAL REQUIREMENTS / OTHER Anti-choking (590.009[E]) Tobacco (590.009[F]) Allergen Awareness (590.009[G]) Local law // Implicit of the folder for Correction: Based on an inspection today, the items checked indicate violations of the Board of Health Food Regulation / 2013 Federal Food Code. This report with Build Regulation / 2013 Federal Food Code. This report with Search									
a Board of Health member or its agent constitutes an order of t and cessation of food establishment operations. If aggreed	he Board of Health	. Failure	to correct	violations	cited in this report may	result in suspension	or revocation of the food es	121/101100	I (COS) (MYS V	
and cessation of food establishment operations. If aggreeved ten (10) calendar days of receipt of this order	you no	are a nyn	. 10 a 110 a			and submitted to	Social of Frederical Control	160	)0F/71°C	
PIC's Signature: athy Cigli	ret	Pi	rint: _	ati	hy GRZ	Ybins	Ki Date:	10/	19	
spector's Signature Sept Follow-up: YES (O parcile one) Follow-up Date, if applicable:										

l l	Food Establishm	ent Insp	ection Fo	rm	Page /	_ of 2		
The Commonwealth of Massachusetts	# Violations	-		Date 7/29/	Date 7/29/19			
City of Newburyport Board of Health 60 Pleasant Street, Newburyport, MA 01950	Priority- Prior	rity foundatio	n- Core-		Time In 1/20	S		
(978) 465-4410 www.CityofNewburyport.com					Time Out /2,5	-3		
Establishment Name	1 5	sk Category	Type of Op	peration(s)	Type of Inspection	<u>n</u>		
Establishment Adiress LDW SI	3-111-01	1-+	☐Food Se	rvice	Routine			
Telephone S/	T HACCP Y MT	1	Retail	tial Kitchen	Reinspection Previous Inspection Date:			
	)		- Mobile	liai Kilcheli	Flevious inspection	i Date.		
Owner Towy	Permit #:		Tempora	iry	☐Pre-Operation			
Person in Charge (PIC) / CFALFY	Food Safety Training / Exp. Date	e 0 27	☐ Caterer ☐ Bed & Bi	rockfoot	☐Suspect Illness ☐General Compla	:_4		
Januarian A			Farmer's		☐HACCP	IIIL		
JOSIZPH TALOB			Other:		Other:			
	LNESS RISK FACTO	ORS AND				13.00		
Circle designated compliance status (IN, OUT, N/C IN = in compliance OUT = not in compliance N/O =		,	COS = cor	lark "X" in appropriat	te box for COS and/or R g inspection R = repeat violation			
Compliance Status	cos		pliance Status			COS R		
Supervision		17	ikbut	Proper disposition served, recondition	of returned, previously ned & unsafe food			
1 PIC present, demonstrates k	nowledge, and		Time	PROPERTY AND ADDRESS	e Control for Safety			
2 OUT N/A Certified Food Protection Ma	inager	18	DUT N/A N/O	Proper cooking tim	Control of the Contro			
Employee Heal	th Assault	19	OUT N/A N/O		procedures for hot holding			
3 Nout Management, food employee employee; knowledge, respo		20	(IN OUT N/A N/O	Proper cooling tim	e and temperature			
reporting								
A Constitution to the same of		21	OUT N/A N/O	Proper hot holding				
5 diarrheal events		22		Proper cold holdin				
Good Hygienic Practice of the OUT N/O Proper eating, tasling, drinking		23	OUT N/A N/O	Proper date marking				
7 OUT N/O No discharge from eyes, nos			umer Advisory	. in as a fable f	Control of the contro			
Preventing Contaminatio	n by Hands	25	IN OUT	Consumer advisor undercooked food	y provided for raw /			
8 (IN OUT N/O Hands clean & properly was	ned	Regu			ble Populations (HSP)	17.5		
9 GOUT N/A N/O No bare hand contact with R	TE food	26	OUT N/A		used; prohibited foods not			
10 OUT Adequate handwashing sink	s properly supplied	Food	/ Color Additive		Ruhetances	-		
and accessible Approved Source		27	IN OUT-N/A		proved & properly used			
11 OUT Food obtained from approve		28	OUT N/A		y identified, stored & used			
12 OUT N/A N/O Food received at proper tem		Conf	ormance with A	pproved Proce	edures	3X7)		
13 NOUT Food received in good condi	tion, safe, &	29	IN OUT WA	Compliance with v / HACCP Plan	variance / specialized process			
14 IN OUT N/O Required records available:	shellstock tags,							
Protection from Conta	mination				s or procedures identified borne illness or iniury. F			
15 OV OUT N/A N/O Food separated and protected					prevent foodborne illne			
16 (IN OUT N/A Food-contact surfaces; clear		TAIL DO	AOTIOFO			,		
0.489989	GOOD RE			- (-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
Mark "X" in box if numbered item is not in compliance	are preventative measures to contr Mark "X" in appropriate bo			s, and physical object corrected on-site of		repeat violation		
Compliance Status		R Com	pliance Status			COS R		
Safe Food and Wa	ater	42	£		of Utensils	J. J.		
30 V Pasteurized aggs used where required 31 V Water & ice from approved source		43	In-use utensils		rly stored, dried, & handled			
32 Variance obtained for specialized processing r	nethods	45	-		properly stored & used			
/ Food Temperature C		46	Gloves used pro					
Proper cooling methods used; adequate equip	ment for		Ut	ensils, Equipm	nent and Vending	* 1		
34 Plant food properly cooked for hot holding		47	Food & non-foo		leanable, properly designed,			
35 Approved thawing methods used		48			aintained, & used; test strips			
36 Thermometers provided & accurate		49	/ Non-food conta	ct surfaces clean				
Food Identificati	on	Y	1		Facilities	1		
37   Food properly labeled, original container Prevention of Food Cont	tamination	50	-	er available; adequal led; proper backflow				
38   pasects, rodents, & animals not present	anmauon .	52		e water properly disp				
Contamination prevented during food preparal	ion, storage and	53			1, supplied, & cleaned			
40 Personal cleanliness		54	-5/		d; facilities maintained			
41 Wroing cloths: property used & stored		55		es installed, maintain				
42 Washing fruits & vegetables		56	Adequate ventil	ation & lighting; desi	ignaled greas used			
57 SPECIAL REQUIREMENTS / OTHER	Anti-choking (590.009[E])	Tobacco (590	0.009[F])	n Awareness (59	0.009[G]) Local law regu	lation Dother		
Official Order for Correction: Based on an inspection loda a Board of Health member or its agent chastitutes an order rand cassation of food establishment operations. If aggrieve an (10) calendar days of receipt of this	of the Board of Health. Failure to c	correct violations	cited in this report may	y result in suspensio	on or revocation of the food estat	lishment permit		
PIC's Signature: Jamela	Realey Print	t: Pam	ela k	ealey	Date: 4	29/19		
Inspector's Signaturing	all ( Follo	ow-up: YEŚ	(circle one)	Follow-up Dat	te, if applicable:			
- /								

				od Establishment li	nspectio	on Form		Page	of
	nonwealth of Nyport Board of H		usetts City	Establishment Name:				Date: 4/	120/0
	nt Street, Newb			MOLIN & n	moc	10 8C	diool	Date: 4	1-177
- 35			F	TEMPERATURE O	BSERVA	TIONS	10	1. S. V.	
Tal.	em / Location		Temp (°F)	Item / Location		Temp (°F)	Item / Loc	ation	Temp (°F)
140	CAUN PAT	TIVE	161						
HOL	POBL L	N 1410)							
			OBS	ERVATIONS AND/OR	CORREC	TIVE ACTIO	ONS		
	Violations	cited in t		st be corrected within the time				e Food Code ? .	
	Violations	CRCQ III I		(72 Hrs), PF = Priority Found				CT OOG OOGE	
Item Number	Code Section	P, PF, C			Description of		(00 20)		Date Verified
Number	J C	FF, C	north	٠٠٠٠ م ١٦٠ م	616.1	TE .04	PNIS	h linaci	2RH /28
/			1100	MATIC H 2 RINGE	-+	100	1 H 1 OF	1 00 10 3	117
			FINE	CHITE WILL  THE REPAIR  WICH PLA	1	IN DI	735 US	R L	
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				*					
Discussion	with PIC:				Cor	rective Action	Required	No [	∐Yes
No-	CIFY	DM.	PT OF	146-14-14		Voluntary Com	pliance	Employee Res	trict /Exclude
Whi	BN 11	NAC	WMB	146-ALTL		Re-inspection S		Emergency Su	
Riz	PAIRY	20				Embargo		Emergency Cl	
	)					√oluntary Díspo		Other	
PC's Sign	ature:	P.	Kar	ley	•			Date:	9/19
Inspector's	Signature	1 -	0.					Date: / /	110
Of	vsek	19	y yes	$\smile$ $\bigcirc$				4/0	9/1
Rey 12/18/	10 [	6						1	

			F	ood Estab	olishr	nent	Insp	ec.	tion For	m		Page /	_ ot _	de.
			of Massachusetts	# Violations							Dat	e 9/24/	2017	7
			Board of Health	Priority-	Pri	ority fou	ındatio	n-	Core-		1 Tim	ne In 10:00	an	,
			lewburyport, MA 01950			only loc		-	0010		-	ne Out 10 :3		
		ent Name	CityofNewburyport.com	Goore (opin		Risk Cate	doov	_	Type of Op	oration(s)	1 1 1111	Type of Inspection		
		NO	ock/malin	School		r tion Gale;	901)		Type of Op			Routine	i	
Estab	lishm	ent Address	w Street						Retail	VICC		Reinspection		
Telep	hone	0 = 0	116-11116	HACCP YOU					Resident	ial Kitchen		Previous Inspection	Date:	
-	_	7/8	465-4460	No				-	Mobile					
Owne	r			Permit #:					Tempora	ry		□Pre-Operation		
Perso	n-In-C	Charge (PIC)	- Va-la.	Food Safety Traini	ing / Exp. [							Suspect Illness		
-		I G	m Kealey		2	1do	al	-	Bed & Br			General Complai	nt	
Inspe	ctor	Pat	McAlarne						☐Farmer's ☐Other:	warket		☐HACCP ☐Other:		
		121	FOODBORNE ILL	MESS DISK	EACT	CODE	AND	DII		ALTH INTE	DVE			
	Ci	rele designated o	ompliance status (IN, OUT, N/O,			UKS	AND	F.U				for COS and/or R	11.3	
1			IT = not in compliance N/O = no			ble						action R = repeat violation		
Con	plia	ince Status			cos	R	Com	plian	ce Status				cos	R
			Supervision	276			17	IN C	DUT	Proper disposition served, recondit		umed, previously unsafe food		
1	IN	OUT	PIC present, demonstrates kno	owledge, and			1		Time	THE RESIDENCE OF THE PARTY OF T	100	entrol for Safety	-	8
	-		performs duties			-	18	IN C	OUT N/A N/O	Proper cooking		A ST ESSENT CONTRACTOR		-
2	IN	OUT N/A	Certified Food Protection Man		0.5		19		OUT N/A N/O			lures for hot holding		
-		17. 817	Employee Health Management, food employee				13	"Y C	OT MA INO	•			-	
3	IN	OUT	employee; knowledge, respon-				20	IN C	OVA N/A TUC	Proper cooling to	ime and	lemperature		
4	IN	OUT	reporting Proper use of restriction and e	xclusion			21	IN r	OUT N/A N/O	Proper hot holdi	na temn	erature		
			Procedures for responding to				22							
5	IN	OUT	diamheal events					_	OUT N/A N/O	Proper cold hold				
	_		Good Hygienic Pract				23		OVA N/O	Proper date mar				
6	-	OUT N/O	Proper eating, tasting, drinking				24		OUT N/A N/O	Time as a Public	Health	Control	1-2	-
7	IN	OUT N/O	No discharge from eyes, nose,	STATE OF THE PARTY					r Advisory	Consumer advis	OOV DEON	ided for raw I		
	100	Pre	venting Contamination	by Hands	7-5) (		25	IN C	DUT N/A	undercooked for		101101101101		
8	IN	OUT N/O	Hands clean & properly washe	d			Requ	ilrem	ents for Hi			opulations (HSP)		
9	IN	OUT N/A N/O	No bare hand contact with RTI	E food			26	IN C	OUT N/A	Pasteurized food offered	is used.	prohibited foods not		
10	INI	OUT	Adequate handwashing sinks	properly supplied			Food	U.C.	Ior Additiv	es and Toxic	Subs	tances	•	Chell
10	114		and accessible			11000		1 5	130	Original Property	4		61.0	
44		OUT	Approved Source				27 28		DUT N/A			d & properly used tified, stored & used		
11	_	OUT N/A N/O	Food obtained from approved  Food received at proper temper					-		pproved Pro			-	1/15
	-		Food received in good condition						OUT N/A	Compliance with		e / specialized process		
13	IN	OUT	unadulterated				29	IN	DOT N/A	/ HACCP Plan				
14	IN	OUT N/A N/O	Required records available: shi parasite destruction	elistock lags,			Dick	Fact	ore are imn	ortent practice	e or r	procedures identified	as the	most
	4.5	F	rotection from Contam	nination								e illness or injury. P		
15	IN	OUT N/A N/O	Food separated and protected						-			vent foodborne illnes		
16	IN	OUT N/A	Food-contact surfaces; cleans											
				G	OOD F	RETAI	L PR	<u>ACT</u>	ICES		3 1		-50	
			Good Retail Practices a											
			ed item is not in compliance	Mark "X" in a	COS	box for C			cos ice Status	= corrected on-site	during	inspection R =	cos	R
Com	piia	nce Status	Safe Food and Wa	for	003	- "	Com	pitari	ce Status	Proper U	to as	Itensile	000	- 1
30		Pactourized ea	gs used where required	lei			43	-	In-use utensils		30 01	Otenana		
31			m approved source	-			44	_			perly sto	ored, dried, & handled		
32			ned for specialized processing ma	ethods			45			gle-service article				
	77	1,1, 15, 1	Food Temperature Co		200		46		Gloves used pr	operly				
33			methods used; adequate equipm				-0		(31	ensils. Equir	ment	and Vending	110	0.0
		temperature co					4 79					ble, properly designed,	* * *	
34			perly cooked for hot holding				47		constructed & u	sed		., .		
35			ing methods used				48				maintair	ned, & used; test strips		
36		Thermometers	provided & accurate			-	49		Non-food conta	ct surfaces clean	15-	illalaa	1.55	-
			Food Identification	n			60 1		Lint D and Just	Physic			OLDE	
37			abeled; original container	mination	455		50			er available; adequ				
20			evention of Food Conta	iiiination			51			led; proper backflo e water properly o				
38			s, & animals not present prevented during food preparation	on, storage and				-						
39		display					53			properly construc				
40		Personal clean					54			se properly dispos				
41			properly used & stored				55			es installed, maint				-
42		Washing fruits					56			lation & lighting; d				
.57												9(G)) Local law regu		
a Boar and ce ten (10	d of h ssati ) cal	Health member or on of food establi andar days of rec	n: Based on an inspection today r its agent constitutes an order of shment operations. If aggrieved eight of this order.	the Board of Health by this order, you h	indicate vi n. Failure t ave a right	olations of o correct v to a heari	the Boar violations ng. Your	rd of H cited i r reque	lealth Food Reg in this report ma est must be in w	utation / 2013 Fed y result in suspan riting and submitte	eral Foo sion or r id to the	od Code. This report, when evocation of the food estab Board of Health at the abo	signed be lishment p ve addres	alow by permit is within
PIC's	s Si	gnature:	Jam Kla	ley	Pr	int: /	an	<u>~</u>	Ken	121		Date: 9/	24/	2019
Insp	ecto	or's Signatur	Jam Kla	al	Fo	ollow-u	p: YES	S NC	(circle one)	Follow-up D	ate, it	applicable:		
				V										

	Food Establishment Inspection Form							Page 2 of 2		
of Newbury 60 Pleasan	nonwealth of I port Board of it Street, Newb 1410 www.Cit	Health buryport, M	A 01950	Establishment Nam	e: Nocl	caf	school eteria	Date:	9/2	4/19
100	The same of		15	TEMPERATURE	OBSER	VATIONS	1.5	-	- 1	
Ite	em / Location		Temp (°F	) Item / Locati	on	Temp (°F)	Item /	Location		Temp (°F)
			ОВ	SERVATIONS AND/C	R CORRI	ECTIVE ACT	TIONS			
	Violations	s cited in th	nis report mu	ust be corrected within the	ime frames	or as stated in S	ection 8-405.11	of the Food C	ode	
14	0-4-	T.B.	P = Priorit	y (72 Hrs), PF = Priority Fo	undation (10	Days), C = Co	re (90 Days)			Dete
Item Number	Code Section	P, PF, C			Description	on of Violation				Date Verified
			Ma	x temp de	200	reals	tered	167	60	
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-		-	b	atch of	10	rocks	tollow	229	_	
				surface te	ciod	2 to e	ensure	160		
				surface te	mpi	s rea	ched.			
			Pro	cess above	to b	e foll	owed u	ntil		
				ealth Dep.						
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		-		94444						
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Discussion	with PIC:					Corrective Acti	on Required	□No		res
						☐ Voluntary Co	mpliance	☐ Employe	e Restric	t /Exclude
						Re-inspectio	n Scheduled	☐ Emerger	ncy Susp	ension
						☐ Embargo		☐ Emerger	ncy Closu	ıre
1	1					☐ Voluntary Dis	sposal	☐ Other		
PIC's Signa	ature	) 1	lal	70-1				-	9 12	24/19
Inspector's	Signature		,	1				Date:	9/2	24/19
Rev. 12/18/	18	in	arne	2					.,0	, . ,

- 6	WHEN BELLE UNITE ORANG #1 CAMO JEAN	HEND HEND	E.	od Esta	hlieh	mont	Inci	200	tion For	ma	1	Page	of	
TI	001		of Massachusetts	ablishment Inspection Form						Page of				
C.	-	SJEQ A	Board of Health	# Violations Priority- Priority foundation- Core-							Time In RM			
- Built	कांत्र <b>व</b> ा		Newburyport, MA 01950 v.CityofNewburyport.com	-	Score (optional) Time C							A 1/	_	
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	olishment A		- MILLIAN	chaire				Food Sen	vice	_	Routine			
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Owne	er n	Permit #:		10		-	☐Mobile		_	•				
	e l	FY		Food Safety Trai	ning ( Eve	Data		_	☐Temporar	у		Pre-Operation Suspect Illness		
T mad	on-In-Chan	tm	1 <fizlay< td=""><td>Tood Salety ITal</td><td>ming / Exp</td><td>Date</td><td></td><td></td><td>☐Bed &amp; Bre</td><td>akfast</td><td></td><td>General Compla</td><td>aint</td><td></td></fizlay<>	Tood Salety ITal	ming / Exp	Date			☐Bed & Bre	akfast		General Compla	aint	
Inspe	ctor -	7 -	4651						Farmer's f	Market		]HACCP		
		, v	FOODBORNE ILL	NESS RIS	KFAC	TORS	AND	PI	Other:	I TH INTE		Other:		
			compliance status (IN OUT N/O	V/A) for each num	bered item		AND	10	Ma	k X in appropria	te box for	COS and/or R		
		e Status	JT = not in compliance N/O = no	observed N/A =	COS	R	Com	plia	nce Status	ected on-site dunn	g inspecti	on R = repeat violatio	cos	R
			Supervision				17		out	Proper disposition served, recondition				
1	Nous	r	PIC present, demonstrates kno	wledge, and	T							trol for Safety		
2	N OUT		performs duties  Certified Food Protection Mans	ger			18	10		Proper cooking tin				
			Employee Health		Y		19	EN	OUT N/A N/O	Proper reheating	procedure	s for hot holding		
3	<b>₩</b> our	Г	Management, food employee a employee; knowledge, respons				20	10	DUT N/A N/O	Proper cooling tim	ne and ten	nperature		
4	NO OUT	Г	reporting  Proper use of restriction and ex	clusion	-	-	21	B	OUT N/A N/O	Proper hot holding	z lempera	ture		
5	ON OUT		Procedures for responding to vidiarrheal events				22	-		Proper cold holding	-			
	-0		Good Hygienic Pract	ces			23	B	OUT N/A N/O	Proper date marki	ing and di	sposition		
6	N OUT		Proper eating, tasting, drinking.		-		24	-		Time as a Public I	Health Co	ntrol		
7	OUT OUT		No discharge from eyes, nose,						er Advisory	Consumer advisor	rv provide	d for raw /		
-	T(in/ out		venting Contamination				25		OUT N/A	undercooked food	1			
9		N/O	Hands clean & properly washed No bare hand contact with RTE		-		26		OUT N/A	Pasteurized foods		pulations (HSP) phibited foods not		
-	an out		Adequate handwashing sinks p		-			_		offered	D b . 4			
10	OIN OUT		and accessible Approved Source				27	-	DIOT Additive	Food additives: ap				
11	W OUT	•	Food obtained from approved s				28	-		Toxic sub, proper				
12		N/A N/O	Food received at proper temper						ance with Ap	proved Proc	edures			
13	4 OUT		Food received in good condition unadulterated				29	EN70		Compliance with v / HACCP Plan	variance /	specialized process		
14	TUO NE	N/A N/O	Required records available: she parasite destruction	illstock lags,			Diek	Eac	tore are impo	rtant practices	or oro	cedures identifie	d as the	mont
	-		Protection from Contam	ination								liness or injury.  H		
15	UN OUT	N/A N/O	Food separated and protected Food-contact surfaces; cleaned	& sanitized	-		inten	enti	ons are contro	d measures to	preve	nt foodborne illne	ss or in	ury
10	-				OOD	RETAI	L PR	AC1	TICES	*****				
			Good Retail Practices are	preventative me	asures to c	ontrol the	addition o	f path	ogens, chemicals,					
		s if number	ed item is not in compliance	Mark "X" in	cos	e box for C			cos =	corrected on-site of	during ins	pection R:	cos	olation R
Con	phance	Status	Safe Food and Water	er	1 000	1 "	Com	pilai	ice Status	Proper Use	e of Ute	ensils	003	I K
30			gs used where required				43	43 In-use utensils properly stored						
31			m approved source ned for specialized processing me	ib n d =			44	-		ent & linens: prope				
32	Var	lanca obtair	Food Temperature Co				45							
33		per cooling	methods used; adequate equipme							nsils, Equipn	nønt ar	d Vendina		
34			erly cooked for hot holding				47	1	Food & non-food	contact surfaces of		properly designed,		
35			ing methods used				48	-	Constructed & use Warewashing fac		aintained,	& used; test strips		
36			provided & accurate				49		Non-food contact	surfaces clean				
27	1 50	nd aronasti. I	Food Identification				50		Hat & goldto	Physical				
37	1 100		abeled; original container evention of Food Contai	nination			50 51			available; adequat d; proper backflow		8		
38		ects, rodents	s, & animals not present				52			water properly dis				
39		ntamination   play	prevented during food preparation	, storage and			Toilet features: properly constructed, supplied, & cleaned							
40	Per	sonal cleani					54			properly dispose				
41	_		properly used & stored	_			55			installed, maintain				
42 57			S vegetables	nti obokina 150	ר טטטנביי	<u> </u>	56	2000		ion & lighting; desi		eas used ]) DLocal law regi	detter 5	100-
Officia a Boar and ce	I Order for d of Health ssation of	r Correction member or food establis	REMENTS / OTHER  An: Based on an inspection today. Its agent constitutes an order of the shiment operations. If aggrieved beint of this order.	the items checked he Board of Healt	findicate v h. Failure	iolations of to correct t	the Boar	d of H	lealth Food Regula	ation / 2013 Federa	al Food C	ode. This report, when	n signed b	elow by permit
	Signat		pmela	Klark	en Pi	rint:	Par	n	Keals	75		Date: / ()	181	19
Insp	ector's	Sig <del>n</del> atúr	· houre	7 Tel	F	ollow-u	p: YES	NO	(circle ane) F	ollow-up Da	te, if ap	pplicable:	1	
		1			U									

			Fo	od Establishmen	t Inspec	tion Form		Page	of	
of Newbury 60 Pleasan	port Board of t Street, Newb 410 www.Cit	Health ouryport, M	IA 01950	Establishment Name	Date: 10/12/19					
(970) 403-4	410 WWW.Cit	yonvewou	yport.com	TEMPERATURE			F 18 2	1020 76		
Ite	Item / Location     Temp (°F)     Item / Location     Temp (°F)     Item / Location     Temp (°F)									
			ОВ	SERVATIONS AND/C	R CORRE	CTIVE ACT	ONS			
	Violations	s cited in the	nis report mu	st be corrected within the	time frames o	or as stated in Se	ection 8-405,11 c	of the Food Code	9	
Item	Code	P,	P = Priorit	y (72 Hrs), PF = Priority Fo			e (90 Days)		Date	
Number	Section	PF, C				n of Violation			Verified	
	-		VĮ D	3 TIANK	941	MOTH	c b_	PT		
			The	3 TIANK	OF	mi	( IN	SPFC	74	
						_				
								_		
Discussion	with PIC:				(	Corrective Action	on Required	□No	□Yes	
						☐ Voluntary Cor			Restrict /Exclude	
						Re-inspection	Scheduled	☐ Emergency		
7		1				☐ Embargo	nonal	☐ Emergency	Ciosure	
PIC's Signa	ature:	)	1	Va		☐ Voluntary Dis	posai	Other	1 1.	
Inspector's	10	am	la	Kenley		-		Date:	18/19	
V	prof	u	49	reby )				10/	18/19	
Rev. 12/78/	,,,									

	Fo	od Establ	ishmen	t Insp	pectio	n For	m		Page/	of _	~			
The Commonwealth of Mass					Date 4	1/24/	19							
City of Newburyport Board of I 60 Pleasant Street, Newburyp	ort, MA 01950	Priority-	Priority fo	oundatio	n- C	Time In	Time In 10 90							
(978) 465-4410 www.CityofNe		Score (option	,					Time O		ريد				
Establishment Name	1645chop	241.W)	66 RISK Ca	legory Type of Operation(s) Type of Inspection  ☐Food Service ☐Routine										
Establishment Address // 16	4 55		/~	<i>-</i>		Retail	100	<u> </u>	Reinspection					
Telephone 4 18 465.	440	HACCP Y(N)			Residential Kitchen Previous Inspection Da									
Owner	P	ermit #:			1 == 1	emporar	v	TE	re-Operation					
Person-In-Charge (PIC)	F	ood Safety Training	/ Exp. Date	2-2		aterer			Suspect Illness					
Inspector	,	MAY	1	<u> </u>		led & Bre armer's f			Seneral Comp HACCP	laint				
JOSPAPY TAK	1 40				===	ther:	viunct		Other:					
	BORNE ILLN			AND	PUBLI									
Circle designated compliance s IN = in compliance OUT = not in c	tatus (IN, OUT, N/O, N/ ompliance N/O = not o	A) for each numbers bserved N/A = not	d item applicable	Mark "X" in appropriate box for COS and/or R COS = corrected on-site during inspection R = repeat violation										
Compliance Status			COS R		pliance S		Denne diametica	of entrement	a manife walki	cos	R			
	Supervision		2	17	IN OUT		Proper disposition served, recondition	ned & unsai	e food					
performs	ent, demonstrates know duties	ledge, and		1750			/ Temperatur	e Contro	ol for Safety					
	ood Protection Manage	er	No.	18	IN OUT N		Proper cooking tim							
Manager	nployee Health ent, food employee and	d conditional	T	19	(N) OUT N		Proper reheating p							
3 NOUT employee reporting	; knowledge, responsib	ilities and		20	(WOUT N		Proper cooling Ilm	e and temp	erature					
4 NOUT Proper us	e of restriction and excl			21	(A) OUT N	_	Proper hot holding	temperatu	е					
5 Clar OUT diarrheal					ON JUT N		Proper cold holdin							
	Hygienic Practic ting, tasting, drinking, o			23	OUT N (IN)OUT N		Proper date markii Time as a Public I			-				
	irge from eyes, nose, ar				sumer Ac		Time as a Fublic F	leanii Com	101		100			
Preventing	Contamination b	y Hands	11 5 11	25	IN OUT (		Consumer advisor undercooked food	y provided :	for raw /					
8 (N)OUT N/O Hands cle								Requirements for Highly Susceptible Populations (HSP)						
9 NOUT N/A N/O No bare h	and contact with RTE fo	26	N TUON		Pasleurized foods offered	used; prohi	bited foods not							
10 NOUT Adequate and access	handwashing sinks pro	perly supplied		Food	/ Color	Additive	s and Toxic S	ubstand	ces	-	150			
Ap	proved Source		S. 61		N TUO WIL		Food additives: ap	proved & pr	roperly used					
	ined from approved sou			-	ANOUT N		Toxic sub, properly		stored & used					
Conditions	lived at proper temperately eived in good condition,		-	29	IN OUT	75	proved Proce Compliance with v HACCP Plan		ecialized process	1				
DI SOUME S	unadulterated													
14 OF OUT N/A N/O parasite d							rtant practices							
	erated and protected	lation	$\neg$				actors of food! of measures to							
16 IN DUT N/A Food-conf	act surfaces; cleaned &							<i>p</i> , 010, 10, 10						
			DD RETA				74-19			- 1	- 154			
Goo Mark "X" in box if numbered item is no	od Retail Practices are p	Mark "X" in app					and physical object corrected on-site of			t = repeat vic	olation			
Compliance Status			cos R	Com	pliance S	Status		414		cos	R			
30 Pasteurized eggs used who	Food and Water			43	In-use	e utensils pr	Proper Use operly stored	of Uten	ISIIS		-			
31 Water & ice from approved				44			ent & linens: prope	rly stored, c	fried, & handled					
32 Variance obtained for speci				45 Single-use / single-service articles: properly stored & used										
Proper cooling methods use	emperature Cont ed; adequale equipmen		700	46 Gloves used properly  Utensils, Equipment and Vending							1111			
33 semperature control				4-1	Food									
34 Plant food properly cooked				constructed & used										
35 Approved thawing methods 36 Thermometers provided & a				48	- /		surfaces clean	инапец, &	useu, lest Strips					
Foo	d Identification			617		-	Physical		S	2217	= 1			
37 Food properly labeled; original Processis on Security 2015		ination		50			available; adequal			-				
38 Insects, rodents, & animals	of Food Contam	mation		51			d; proper backflow water properly disp			-				
30 Contamination prevented d		storage and		53	-		operly constructed		& cleaned					
40 Personal cleanliness				54 Garbage & refuse properly disposed; facilities maintained										
41 Wiping cloths: properly use				55			installed, maintain							
42 Washing fruits & vegetables	7			56			ion & lighting; desi				lo.			
57 SPECIAL REQUIREMENTS Official Order for Correction: Based on		ti-choking (590.00												
a Board of Health member or its agent or and cessation of food establishment oper ten (10) calendar days of receipt of this o	nstitutes an order of the ations. If aggrieved by	a Board of Health F	ailure to correct	violations	cited in this	report may i	result in suspensio	n of revoca	tion of the food est	tablishment d	nemil l			
PIC's Signature:	mela	Karley	Print:	am	ela	Keo	ney		Date: 4	29/1	9			
Inspector's Signature:		1	ıp: YES	S NO (cir	cte one) F	ollow-up Dat	te, if app	licable:	V					

			Foo	d Establishment Inspe	ection Form	1	Page _	20f_ 7
of Newbur	monwealth of f yport Board of I nt Street, Newb	Health	1	Establishment Name:		5.01	Date:	4/29/9
	4410 www.City		ryport.com	MEW bury POR	THIGH	2 Sehia	<u> </u>	
11	tem / Location		Temp (°F)	TEMPERATURE OBSE	Temp (°F)	ltem.	/ Location	Temp (°F)
Chica	CIR CATTLE	,	150 F					
Pres.	CR PATTIO	3.	4106	20				
KEPAI	6 KA-110	ry	7/ 66	1192				
			OBSI	ERVATIONS AND/OR COR	RECTIVE AC	TIONS		
	Violations	cited in th	his report mus	t be corrected within the time frame	es or as stated in S	Section 8-405.11	of the Food Co	de
			P = Priority	(72 Hrs), PF = Priority Foundation	(10 Days), C = Co	ore (90 Days)		
Item Number	Code Section	P, PF, C		Descri	otion of Violation			Date Verified
			No	VIRLATION	N/a T	26 V	27	
			WI I	MIDLATION IMA DE	41502	- 6.7- 60	_	
			17/	1.1111111111111111111111111111111111111	1131-1-	201 26	-	
		1 1					-	
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		-			· · · · · · · · · · · · · · · · · · ·			
				-				
	-							
								-
	****							
Discussio	n with PIC:				Corrective Act	ion Required	□No	√Yes∵
					_ 14111 - 012	13 11-21-21	010 1	
					☐ Voluntary C			Restrict /Exclude
					☐ Re-inspection	on Scheduled		cy Suspension
					☐ Embargo		☐ Emergend	cy Closure
/	)				☐ Voluntary Di	isposal	☐ Other	
PIC's Sign	ature	la	· K	alej			Date: 4	1/29/19
inspector'	s Signature	TI	In	1			Date: /	1/29/19
Rev. 12/18	/18	1 4		9	***			<del>                                     </del>

	F	ood Estal	blish	ment	Insp	ection Fo	rm	Page/_	of	2
	h of Massachusetts	# Violations	7	i				Date		
City of Newburyport		Priority-	Pr	iority for	undation	- Core-		Time In		
	Newburyport, MA 01950 w.CityofNewburyport.com	Score (option	onal)					Time Out		
stablishment Name	W. Olly Olly Colly			Risk Cate	egory	Type/of Op	eration(s)	Type of Inspection	1	
stablishment Address	HEBRI FACE	Schoo	200			☐Pood Se	rvice	☐ Redfine		
241. 1	LIGH School	, _				Retail		Reinspection		
elephone 277.6	823563	HACCP Y/N	N			☐ Resident	ial Kitchen	Previous Inspection	n Date:	
wner	1	Permit #:				☐Pre-Operation				
erson-in-Charge (PIC)		Food Safety Train	ing / Exp.	Date -	7	☐ Tempora	., ,	Suspect Illness		
PAUL	- EBLM7	nin	-4	2	<u></u>	— ☐Bed & Bı	reakfast	☐General Compla	int	
spector	-1011					☐Farmer's	Market	HACCP		
NOCEPI	( FOODBOOKE !!!	NEGO DIOI	( FA 0	TODO	ANIO	Other:	AL THE INITE	Other:		
Citate desired	FOODBORNE ILL compliance status (IN, OUT N/O,				ANU			RVENITONS te box for COS and/or R		_
IN = in compliance O	UT = not in compliance N/O = no	ot abserved N/A =	not applica	able		COS = col		g inspection R = repeat violation		_
ompliance Status			cos	R	1	liance Status	Proper disposition	of returned, previously	cos	
	Supervision		,	,	17	(R) DUT		ned & unsafe food		
1 INCOUT	PIC present, demonstrates kn performs duties	owledge, and					e / Temperatur	re Control for Safety		
2 IN DUT N/A	Certified Food Protection Man	ager				OUT N/A N/O	Proper cooking tir	ne & temperatures		
	Employee Health		1		19 /	OUT N/A N/O	Proper reheating	procedures for hat halding		_
3 DOUT	Management, food employee employee; knowledge, respon				20 (	DON AN TUO	Proper cooling tim	ne and temperature		
	Proper use of restriction and e	velusion		-	21	OUT N/A N/O	Proper hol holding	o temperature		
163	Proper use of restriction and e					OUT N/A N/O	Proper cold holding			
5 Nour	diarrheal events					OUT N/A N/O		ing and disposition		
6 NOUT NO	Good Hygienic Prac		T	T		W OUT N/A N/O	Time as a Public			
7 IN OUT NO	No discharge from eyes, nose					mer Advisory				
Pr	eventing Contamination	by Hands			25	IN OUT NO	Consumer adviso undercooked food	ry provided for raw /		
8 IN OUT NO	Hands clean & properly washe	ed .			Requi	rements for Hi		ble Populations (HSP)		
9 MOUT N/A N/O	No bare hand contact with RT	E food			26	IN OUT WA	Pasteurized foods offered	s used; prohibited toods not		
10 TO OUT	Adequate handwashing sinks	properly supplied	1		Food	Color Additiv		Substances		
10 114 001	Approved Source					IN OUT WAR		pproved & properly used		
11 (16) OUT	Food obtained from approved				-	IN OUT NA		ly identified, stored & used		
12 (R) OUT N/A N/O	Food received at proper temper					rmance with A				
13 6 OUT	Food received in good condition				29	IN OUT N/A	Compliance with	variance / specialized process		
14 (II) OUT N/A N/O	unadulterated Required records available: st	ellstock tags,		-			THACCT FIAIT			_
14 100 001 10/2 10/0	parasile destruction Protection from Contan	instion		<u> </u>				s or procedures identified		
15 OUT N/A N/O	Food separated and protected		1					lborne illness or injury.  F o prevent foodborne illne		
16 (N. OUT N/A	Food-contact surfaces; cleane						707 11100001100 11	o provent roodborno ilmo		u. y.
		G	OOD	RETAI	L PRA	CTICES				
	Good Retail Practices a								cannatle	nint o
Mark 'X" in box if number compliance Status	red item is not in compliance	Mark "X" in	COS	R R		liance Status	= corrected on-site	during inspection R =	cos	oranio
Omphance Status	Safe Food and Wa	ter	1 000		Julia	marros status	Proper Us	e of Utensils		_
Pasteurized e	ggs used where required				43	In-use utensils	properly stored			
	om approved source				44			erly stored, dned, & handled		
32 Variance obta	ined for specialized processing m				45		igle-service articles:		-	
Proper cooling	Food Temperature Co methods used; adequate equipment		1		46	Gloves used pr				
lemperature c					-			ment and Vending cleanable, properly designed,		
			1	1	4 1		A CONTRACT SUITABLES	cicalianie, properly designed,	- 7	
Plant food pro	perly cooked for hot holding				47	constructed & u				
35 Approved that	wing methods used				48	constructed & u Warewashing f	acilities installed, m	naintained, & used, test strips		
35 Approved that	wing methods used s provided & accurate					constructed & u Warewashing f	acilities installed, m act surfaces clean			
35 V Approved that 36 Thermometer	wing methods used sprovided & accurate Food Identification	on .			48	constructed & a Warewashing f Non-food conta	acilities installed, m act surfaces clean Physica	l Facilities		
Approved that Thermometer Food properly	wing methods used sprovided & accurate Food Identificational labeled; original container				48	constructed & t Warewashing f Non-food conta	acilities installed, m act surfaces clean	I Facilities sle pressure		
35 V Approved that 36 Thermometer 37 Food properly P 38 Insects, roder	wing methods used s provided & accurate Food Identificatio labeled; original container evention of Food Contains ts, & animals not present	amination			48 49 50	constructed & u Warewashing f Non-food conta  Hot & cold wate Plumbing insta	acilities installed, rr act surfaces clean Physica er available; adequa	I Facilities ale pressure v devices		
35 V Approved that Thermometer P P S Insects, roder Contamination	wing methods used s provided & accurate Food Identificatio labeled; original container revention of Food Contain	amination			48 49 50 51	constructed & u Warewashing f Non-food conta Hot & cold wate Plumbing insta Sewage & was	acilities installed, rr act surfaces clean Physica er available, adequa lled; proper backflov te water properly dis	I Facilities ale pressure v devices		
Approved tha Appro	wing methods used s provided & accurate Food Identificatio labeled; original container revention of Food Contains its, & animals not present prevented during food preparality	amination			48 49 50 51 52	constructed & t Warewashing fi Non-food conte Hot & cold wat Plumbing insta Sawage & was Toilet features:	acilities installed, rr act surfaces clean Physica er available, adequa lled; proper backflow te water properly dis properly constructe	I Facilities ale pressure w devices sposed		
Approved that 16 Intermometer 17 Food properly P 18 Insects, roder 19 Contamination display Personal clea	wing methods used s provided & accurate Food Identificatio labeled; original container revention of Food Contains its, & animals not present prevented during food preparality	amination			50 51 52 53 54 55	constructed & t Warewashing f Non-food conte Hot & cold wat Plumbing insta Sawage & was Toilet features: Garbage & refu Physical facilitie	acilities installed, m  Physica  r available, adequa  lled; proper backflow  te water properly dis  properly constructe  use properly dispose  es installed, maintal	I Facilities  Ite pressure w devices sposed id. supplied, & cleaned ad, facilities maintained ned, & clean		
Approved that Infermometer Infe	wing methods used s provided & accurate Food Identificatio labeled; original container revention of Food Contains, & animals not present a prevented during food preparationaliness properly used & stored & vegetables	amination on, slorage and			48 49 50 51 52 53 54 55 56	constructed & t Warewashing fi Non-food conte Hot & cold wat Plumbing insta Sawage & was Toilet features: Garbage & refu Physical faciliti Adequate venti	acilities installed, m Physica Physica er available, adequa lled; proper backflov te water properly dis properly constructe use properly dispose es installed, maintai lation & lighting, des	I Facilities  Ite pressure w devices sposed id. supplied, & cleaned ad, facilities maintained ned, & clean signated areas used		
5 L Approved that 6 Thermometer 7 Food properly 8 Insects, roder 9 Contamination display 0 Personal clea 1 Wiping cloths 2 Washing fruits 67 SPECIAL REQUIRECT 67 SPECIAL REQUIRECT 68 Cessation of food estate 68 dessation of food estate	wing methods used s provided & accurate Food Identificatio labeled; original container revention of Food Contains, & animals not present a prevented during food preparalision itiness properly used & stored it & vegetables  JIREMENTS / OTHER  Den: Based on an inspection today of layers at the stored is a gent constitute an order of the standard progressions.	amination on, storage and Anti-choking (59)	indicate v	violations o	50 51 52 53 54 55 56 acco (590.	constructed & t Warswashing f Non-food conte Hot & cold watt Plumbing insta Sewage & was Toilet features: Garbage & refu Physical facilitit Adequate venti 009[F])	acilities installed, mort surfaces clean Physica ar available, adequalled; proper backflow le water properly dispose es installed, maintai lation & lighting, dei en Awareness (5) and Awareness (5) and Awareness (5) and (2013 Feder) result in suspensi	I Facilities ste pressure v devices sposed of supplied, & cleaned od, facilities maintained ned, & clean signated areas used 90 009[G])	n signed b	elow
Approved that Thermometer Ther	wing methods used s provided & accurate Food Identificatio labeled; original container revention of Food Contains, & animals not present a prevented during food preparalision itiness properly used & stored it & vegetables  JIREMENTS / OTHER  Den: Based on an inspection today of layers at the stored is a gent constitute an order of the standard progressions.	amination on, storage and Anti-choking (59)	f indicate v h. Failure nave a righ	violations o	50 51 52 53 54 55 56 acco (590.	constructed & t Warswashing f Non-food conte Hot & cold wate Plumbing insta Sewage & was Toilet features: Garbage & refu Physical faciliti Adequate venti 009[F])	acilities installed, mort surfaces clean Physica ar available, adequalled; proper backflow le water properly dispose es installed, maintai lation & lighting, dei en Awareness (5) and Awareness (5) and Awareness (5) and (2013 Feder) result in suspensi	I Facilities  Itel pressure  If devices  Itel pressure  Itel devices  Itel supplied, & cleaned  Itel supplied, & cleaned	n signed bi blishment ove addres	elov

			Fo	od Es	tablishmer	nt Inspec	ction Fo	Temp≯Rite.§	Page _	of
of Newbury 60 Pleasar	nonwealth of yport Board of nt Street, Newk 4410 www.Cit	Health ouryport, N	Setts City	Estab	lishment Nam	ie:		Date  ******  Emplession  PASS WITH BLUE  BAR TURNS GRANGE  H ALFRING CARGO MARKA  ATA CARROL OLOGO  ***  **  **  **  **  **  **  **  **	Date: _/	10/14/15
				T	EMPERATUR	E OBSER	VATIONS	< 1160°F171°G		
Ite	em / Location		Temp (°F	)	Item / Locat	ion	Temp (°F)	Item	/ Location	Temp (°F)
			OBS	SERVA	TIONS AND/	OR CORR	ECTIVE AC	TIONS		
	Violation	a altad in t	hia ranast mu	ot bo on	ero ato al suith in this	time frames	or as stated in	Castina D 405 44	of the Food Cod	
	Violations	s ched in t							of the Food Code	<u> </u>
Item	Code	P,	P - Priorii	y (/2 m/s	s), PF = Priority F		on of Violation	ore (90 Days)		Date
Number	Section	PF, C	0.00		7.1					Verified
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			1000	>						
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						<u>.</u>				
Discussion	with PIC:						Corrective Act	tion Required	□No	□Yes
							☐ Voluntary C	ompliance	☐ Employee F	Restrict /Exclude
							☐ Re-inspection		☐ Emergency	
		1					☐ Embargo		☐ Emergency	
		-						innocal		Siddard
		-	1		1.		☐ Voluntary D	ispusal	Other	, ,
PIC's Sign	ture:	for	refer		Klark	m			Date:	18/17
Inspector's	Signature	90	THE A			1			Date:	18/16
Rev. 12/18/			140		-	4				